

L10000112075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

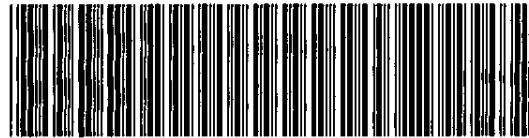
(Document Number)

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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elite Online Enterprises  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Walker  
Name of Person  
Elite Online Enterprises  
Firm/Company  
836 NE 7th Ter Suite 5  
Address  
Cape Coral / FL / 33909  
City/State and Zip Code  
greg@my-bath.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Greg Walker at (607) 242-8965  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Elite Online Enterprises

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Oct. 27, 2010 and assigned  
Florida document number L10000112075

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

836 NE 7th Ter  
Suite 5  
Cape Coral, FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

836 NE 7th Ter  
Suite 5  
Cape Coral, FL 33909

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gree Walker

New Registered Office Address:

836 NE 7th Ter Suite 5

Enter Florida street address

Cape Coral, Florida 33909  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| Title | Name          | Address   | Type of Action   |
|-------|---------------|---|--|
| MGRM  | Grey Walker   | 836 NE 7th Ter<br>Suite 5<br>Cape Coral, FL 33909 | <input checked="" type="checkbox"/> Update<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM  | Paul Frontera | 836 NE 7th Ter<br>Suite 5<br>Cape Coral, FL 33909 | <input checked="" type="checkbox"/> Update<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove  |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove  |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove  |
|       |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove  |

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FALL ANNUAL ASSESSMENT FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated December 1, 2010.

[Signature]  
Signature of a member or authorized representative of a member  
Grey Walker  
Typed or printed name of signee